

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0077746 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 04/20/2001 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 04/15/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old male with an industrial injury dated 09/22/00 - 04/20/2001 (cumulative trauma) 05/20/2001 - 07/04/20001. His diagnoses included lumbar spondylosis without myelopathy, right lumbar radiculopathy with neurocaludication, herniated nucleus pulposus, lumbar spine lumbar 4-5 and lumbar 5-sacral 1 and failed conservative therapies for pain control for more than 12 weeks. Prior treatments included physical therapy, chiropractic treatment, non-steroidal anti-inflammatories, and epidural injection and muscle relaxants. He presents on 03/23/2015 with back and bilateral hip pain. Pain is rated as 6-8 on a scale of 0-10. Physical exam revealed tenderness of the lumbar spine with worsening pain on extension, side bending and rotation of the spine. Range of motion was very limited. The request is for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Prescription of Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient was injured on 04/20/01 and presents with low back pain, bilateral hip pain, and right leg pain. The request is for NORCO 10/325 MG #180. The RFA is dated 04/08/15 and the patient is not currently working. The patient has been taking Norco as early as 03/21/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication for work, and duration of pain relief. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. Progress reports are provided from 03/21/14 to 03/23/15. The 10/28/14 report states that the patient rates his pain as an 8-9/10. On 02/23/15 and 03/23/15, he rated his pain as a 6-8/10. "CURES report discussed with patient. Urine drugs analysis performed and discussed with patient." In this case, none of the 4As are addressed as required by the MTUS Guidelines. Although the treater provides general pain scales, there are no before-and-after medication usage to document analgesia. There are no discussions provided regarding adverse behaviors/side effects, nor are there any specific examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.